century New Zealand by Natasha Glaisyer. The two nursing sections are more substantial, at least empirically, and contain several well-crafted studies of nursing theory and practice both in "old" and "new" countries. Of particular note is Michael Barfoot's study of nursing reforms at the Royal Infirmary of Edinburgh, which revisits some of the debates over Florence Nightingale's "motivation", endorsing the recent tendency to interpret her actions in terms of her strongly-held Unitarian beliefs. Cheryl Cordery's chapter on the enduring appeal of mid-nineteenth-century nursing practices also makes some interesting linkages between the "miasmatic" theory to which Nightingale was so attached and her class-based world view.

The following section on indigenous health opens with a valuable essay by Donald Denoon on 'Pacific island depopulation', which assesses the relative merits of two rival interpretations of depopulation. One attributes the dispossession of land from aboriginal peoples to the biological impact of "virgin soil" epidemics; the other sees dispossession and changing patterns of land use as, in themselves, a reason for depopulation. Denoon ends with a timely call for more attention to be given to the *resilience* of certain indigenous populations, and for explanations of population decline where there were no epidemics. Denoon's essay, thus, serves as a cautionary tale against the dangers of biological determinism (à la Alfred Crosby) and against the historian's infatuation with "the epidemic". The other essays in the section are more empirical but useful none the less. Some explore the mechanics of health services for indigenous peoples, while others are more concerned with colonial constructions of race and health.

The two final sections on fringe medicine and other "miscellaneous" aspects of medicine unfortunately add little to our knowledge and constitute a weak ending to the book. Nevertheless, it is a collection which contains some valuable contributions—both analytical and empirical—to the history of Western medicine in its colonial context, and it would be a pity if these were allowed to languish in obscurity.

Mark Harrison, Sheffield Hallam University

Soma Hewa, *Colonialism, tropical disease and imperial medicine: Rockefeller philanthrophy in Sri Lanka*, Lanham, MD, University Press of America, pp. x, 205, illus., $38.50 (0–8191–9939–7).

Sri Lanka occupied a curious place in the British Empire. It was formerly a Crown Colony, administered from the Colonial Office in London, though its affairs were often determined by events in, and relations with, its close neighbour India. This was evident in the 1900s, when the health problems of the colony came to the attention of the imperial government as a result of the high incidence of hookworm disease in the Indian migrant workers who had become the mainstay of Sri Lanka's plantation and associated industries. However, the refusal of both the local administration and plantation owners to accept responsibility for sanitary improvements meant that hookworm infection rates had reached over 90 per cent before the control programmes of the Rockefeller Foundation started in 1916. Hookworm disease or ankylostomatiasis is a parasitic infection of the bowel that causes anaemia and generally weakens the body, making it vulnerable to other diseases. After its decision to move into medical philanthropy, the Rockefeller Foundation targeted this disease in its hygiene programme, first in the southern states of the United States and subsequently in selected territories around the world. Hewa, following E R Brown's *Rockefeller medicine men*, sees Foundation activities as examples of American economic and cultural imperialism. While initially working with local colonial agencies, from the 1930s the Foundation's International Health Board (IHB) used its independent, non-governmental status to turn anti-British sentiment to support its programmes.

Hewa presents IHB objectives in vigorous terms as the same as "imperial tropical medicine": to protect the health of the colonisers; to maintain the health of the "colonised" as far as their health posed a threat to colonial rulers, or to the viability of colonial economies. Such activities also demonstrated Western cultural superiority and the backwardness of the "colonised" regarding health and sanitation. However, Hewa shows the problems of the transfer of medical policies and technologies from first to third world countries. The initial IHB anti-hookworm campaigns between 1916 and 1921, while successful in the short term in identifying the sick and curing infection, failed to eradicate the disease as the neglect of improvements to basic sanitation led to rapid and high rates of re-infection. In 1926 a different, less narrowly medical approach was taken by the IHB, again borrowing from American experience. This was the establishment of "health units" which aimed to provide a range of preventive measures, including child and maternity clinics, malaria eradication, sanitary reform and health education, with many agencies using Sri Lankan rather than British or American staff. Such measures enjoyed popular support and the expansion of health and welfare services was used by post-independence rulers to win legitimacy and support.

Hewa's account, despite the author's best efforts otherwise, shows that medicine was something more than a tool of cultural imperialism used by administrators, capitalists and experts. While this perhaps dominant feature should not be overlooked, the story Hewa tells also shows, what many other studies have recently revealed, the contradictions and ambiguities of medicine in the colonial context, and how these changed over time. Given the critical views taken of Rockefeller work, it is surprising that the IHB's concentration on a single disease has been followed in this study. It would be nice to know the other causes of morbidity and mortality in Sri Lanka in this period, and the changes in the relative importance of these economically, socially and politically over time. Also, if the total cost of the "health units" in 1931 was only 3 per cent of the annual budget of the colony's Department of Medical and Sanitary Services (p. 135), it would have been instructive to know how the other 97 per cent was spent. The activities of the IHB showed the weaknesses as well as the strengths of Western medicine, and the gap between promises and results was increasingly recognized by Sri Lankans and undermined Western authority and the legitimacy of colonial rule.

Michael Worboys,
Sheffield Hallam University

Richard Creese, W F Bynum and **J Bearn** (eds), *The health of prisoners: historical essays*, Amsterdam and Atlanta, GA Rodopi, 1995, pp. ix, 184, Hfl. 35.00, $23.50 (90–5183–869–7).

The title of this collection of lively historical essays investigating the place of medical practitioners in the evolution of the modern penitentiary is deceptively straightforward. At first glance, one might think that such historical reflections concerned (only) the physical and medical challenges penitentiaries faced in providing health care to a population likely to import into confinement a host of addictions and insalubrious habits. In fact, *The health of prisoners* explores the problematics of caring about care itself: whether and to what extent the well-being of prison inmates stood apart from initiatives painstakingly designed for the *well-ordered* penitentiary.

Although a good number of the essays touch on medical issues in the process of investigating the lives of familiar reformers (John Howard, Elizabeth Fry) or the implications of medical treatment for prison administrators, essays by Martin Wiener and Joe Sim address directly the place of medical intervention in prevailing penitentiary ideology. With characteristic clarity, Martin Wiener illuminates a critical variant of the contemporary organizational ethos—*Penal*